

**Maternity Leave Letter for Board Approval**

(letter must be provided no later than 120 days before the anticipated date of birth)

Date: \_\_\_\_\_

To: Mr. Michael Adams, Superintendent  
Haddon Heights Board of Education

From: \_\_\_\_\_ Signature: \_\_\_\_\_

Attached please find a doctor's note confirming my pregnancy and that the baby is due on \_\_\_\_\_

I am requesting to use the following days: \_\_\_\_\_ Sick days available as of \_\_\_\_\_

\_\_\_\_\_ # of Sick days prior to due date Dates: \_\_\_\_\_  
(up to 20 allowed)

\_\_\_\_\_ # of Sick days after due date Dates: \_\_\_\_\_  
(up to 20 allowed)

\_\_\_\_\_ # of Personal days Dates: \_\_\_\_\_

\_\_\_\_\_ # of Family Leave days Dates: \_\_\_\_\_

(FMLA allows up to 12 weeks including weekends and holidays)

During the family leave period you will receive **NO** pay from the Haddon Heights School District but health coverage will remain in effect. Should you choose to continue your health benefits through Haddon Heights Board of Education during your 12 week FMLA, the state-mandated health contribution is your responsibility. You may file for NJ family leave using the enclosed forms. Debbie Heller will complete Part D of this packet and mail it to you. You then complete the remaining forms and mail everything together directly to the state. Please refer to the Family Leave Insurance Website at <http://lwd.dol.state.nj.us/labor/fli/fliindex.html> for more information.

I agree to pay all applicable state-mandated health contributions to the Haddon Heights Board of Education while on FMLA. \_\_\_\_\_ (please initial)

You may also request an extended leave of absence with **NO** pay or benefits to follow the family leave period.

\_\_\_\_\_ Unpaid Leave Dates: \_\_\_\_\_  
(up to one year allowed)

\_\_\_\_\_ Return to Work Date: \_\_\_\_\_

I understand that I must furnish a statement from my physician certifying that I am physically able to return to duty before I am permitted to return from maternity leave.

I also understand that if I am a non-tenured teacher, my absence may not be extended beyond the end of the contract school year in which the leave is obtained.

**Please refer to the Teachers' Contract, Article XV, Section C(1), pages 16-18, for more detailed information.**

**For Office Use Only:**

Prorated entitled days: Sick: \_\_\_\_\_ Personal: \_\_\_\_\_  
(subject to change) Before/After Before/After

Board Approval Date: \_\_\_\_\_ FT/PT: \_\_\_\_\_ Tenured/Non-Tenured: \_\_\_\_\_

Baby's Actual Birthdate: \_\_\_\_\_ Dr.'s note: \_\_\_\_\_ School: \_\_\_\_\_

Health Contribution Amount \_\_\_\_\_ per month \_\_\_\_\_